

California Health Benefit Exchange QHP Solicitation

Appendix II, Addendum 2 - Provider Network and Essential Community Providers

The following attachments are due February 15, 2013 at close of business.

Attachment

- 2.1 - Contracted Providers by County as of January 1, 2013 *(Submitted as an Excel attachment)*
- 2.2 - Contracted Facilities by County as of January 1, 2013 *(Submitted as an Excel attachment)*
- 2.3 - Number and Percent of Contracted 340B Providers by County for Standard Plan 1 (Copay)
- 2.4 - Number and Percent of Contracted 340B Providers by County for Standard Plan 2 (Coinsurance)
- 2.5 - Number and Percent of Contracted 340B Providers by County for Catastrophic Plan
- 2.6 - Number and Percent of Contracted 340B Providers by County for HSA Plan
- 2.7 - Number and Percent of Contracted 340B Providers by County for Alternate Plan

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Appendix II, Addendum 2, Attachment 2.1 - Contracted Providers by County as of January 1, 2013

Using the following format, attach a list of the Bidder's contracted provider network.

Variable Name	Description	Type	Length
PROV_ID	Plan-assigned Provider number	Chr	20
PROV_FNAME	Provider First Name	Chr	20
PROV-MI	Provider Middle Initial	Chr	6
PROV_LNAME	Provider Last Name	Chr	30
PROV_SUFFIX	Provider Degrees (MD, DO, NP, LSW etc)	Chr	20
PROV_ORG	Medical Group or Community Health Center Name	Chr	40
DMHC_ID	DMHC number for Medical Group	Chr	10
PROV_SUB_NAME	Entity Sub-Division Name	Chr	30
PROV_ADDR	Entity Street Address	Chr	30
PROV_ADDR2	2nd address line, if needed	Chr	30
PROV_CITY	Entity City	Chr	20
PROV_ZIP	Entity Zipcode	Chr	10
PROV_COUNTY	Entity County	Chr	20
340B_ID	340B Provider ID	Chr	35
NPI	National Provider ID	Chr	20
LICENSE #	License Number	Chr	25
TYPE_CODE	Entity Type Code	Chr	37
PRIMARY_CARE	Y/N If provider is a primary care provider	Chr	1
PRACTICE_OPEN	Y/N if provider is accepting new patients	Chr	1
HMO CONTRACT FLAG	Y/N	Chr	1
PPO CONTRACT FLAG	Y/N	Chr	1
ACO CONTRACT FLAG	Y/N	Chr	1
PCMH Certified	Y/N	Chr	1
NARROW NETWORK CONTRACT	Y/N	Chr	1
TRIBAL_URBAN_INDIAN	Y/N if provider is a federally designated 638 Tribal Health Programs or Title V Urban Indian Health Organization*	Chr	1
SCHOOL_CLN	Y/N if provider is a full-service school-based clinic*	Chr	1
FQHC	Y/N if Federally Qualified Health Center*	Chr	1
MCAL_EHR	Y/N if Provider has approved application for the HI-TECH Medi-Cal Electronic Health Record Incentive Program*	Chr	1
1204a	Y/N if Provider is licensed as either a "community clinic or "free clinic", under the California Health and Safety Code section 1204(a) and (2), or is a community clinic or free clinic exempt from licensure under Section 1206*	Chr	1
HIGH_PERF_FLAG	Y/N If Issuer uses a quality designation program, indicate if the provider has a quality designation	Chr	1
MCAL_MGD_CARE	Y/N If Plan contracts with both commercial and Medi-Cal Managed Care, indicate if the provider is available in the Medi-Cal Managed Care Network	Chr	1
STD_PLAN_1	Y/N If provider is in the network supporting Exchange Standard Plan 1	Chr	1
STD_PLAN_2	Y/N If provider is in the network supporting Exchange Standard Plan 2	Chr	1
Alt Plan Contract Flag	Y/N If Issuer is submitting an Alternate Plan design, indicate if this provider is part of that network	Chr	1
PATIENT_VOL	If provider is a primary care provider, number of patients currently assigned, if PCP offered through HMO Product	Num	4

*Provider lists are provided through the "Essential Community Provider" document posted on the Exchange QHP Solicitation Web site:

<http://www.healthexchange.ca.gov/Solicitations/Documents/Essential%20Community%20Providers.pdf>

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Appendix II, Addendum 2, Attachment 2.2 - Contracted Facilities by County as of January 1, 2013

Using the following format, attach a list of the Bidder's contracted facility network.

Variable Name	Description	Type	Length
HOSP_ID	Plan-assigned ID number	Chr	20
ORG	Facility Name	Chr	40
ADDR	Entity Street Address	Chr	30
ADDR2	Address line 2 (if needed)	Chr	30
CITY	Entity City	Chr	20
ZIP	Entity Zipcode	Chr	10
COUNTY	Entity County	Chr	20
340B_ID	340B Provider ID	Chr	35
DSH	Y/N if Disproportionate Share Status	Chr	20
LICENSE #	License Number	Chr	20
HMO CONTRACT FLAG	Y/N	Chr	1
PPO CONTRACT FLAG	Y/N	Chr	1
ACO CONTRACT FLAG	Y/N	Chr	1
NARROW NETWORK CONTRACT	Y/N	Chr	1
HIGH_PERF_FLAG	Y/N If Issuer uses a quality designation program, indicate if the facility has a quality designation	Chr	1
MCAL_MGD_CARE	Y/N If Plan contracts with both commercial and Medi-Cal Managed Care, indicate if the facility is available in the Medi-Cal Managed Care Network	Chr	1
STD_PLAN_1	Y/N If facility is in the network supporting Exchange Standard Plan 1	Chr	1
STD_PLAN_2	Y/N If facility is in the network supporting Exchange Standard Plan 2	Chr	1
Alt Plan Contract Flag	Y/N If Issuer is submitting an Alternate Plan design, indicate if this facility is part of that network	Chr	1

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Appendix II, Addendum 2, Attachment 2.3 - Number and Percent of Contracts for Standard Plan 1 (Copay Design)

Standard #1			
County	Number of 340B Providers	Number of Contracts	% of 340B Providers
ALAMEDA			
ALPINE			
AMADOR			
BUTTE			
CALAVERAS			
COLUSA			
CONTRA COSTA			
DEL NORTE			
EL DORADO			
FRESNO			
GLENN			
HUMBOLDT			
IMPERIAL			
INYO			
KERN			
KINGS			
LAKE			
LASSEN			
LOS ANGELES			
MADERA			
MARIN			
MARIPOSA			
MENDOCINO			
MERCED			
MODOC			
MONO			
MONTEREY			
NAPA			
NEVADA			
ORANGE			
PLACER			
PLUMAS			
RIVERSIDE			
SACRAMENTO			
SAN BENITO			
SAN BERNARDINO			
SAN DIEGO			
SAN FRANCISCO			
SAN JOAQUIN			
SAN LUIS OBISPO			
SAN MATEO			
SANTA BARBARA			
SANTA CLARA			
SANTA CRUZ			
SHASTA			
SIERRA			
SISKIYOU			
SOLANO			
SONOMA			
STANISLAUS			
SUTTER			
TEHAMA			
TRINITY			
TULARE			
TUOLUMNE			
VENTURA			
YOLO			
YUBA			

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Appendix II, Addendum 2, Attachment 2.4 - Number and Percent of Contracts for Standard Plan 2 (Coinsurance Design)

Standard #2			
County	Number of 340B Providers	Number of Contracts	% of 340B Providers
ALAMEDA			
ALPINE			
AMADOR			
BUTTE			
CALAVERAS			
COLUSA			
CONTRA COSTA			
DEL NORTE			
EL DORADO			
FRESNO			
GLENN			
HUMBOLDT			
IMPERIAL			
INYO			
KERN			
KINGS			
LAKE			
LASSEN			
LOS ANGELES			
MADERA			
MARIN			
MARIPOSA			
MENDOCINO			
MERCED			
MODOC			
MONO			
MONTEREY			
NAPA			
NEVADA			
ORANGE			
PLACER			
PLUMAS			
RIVERSIDE			
SACRAMENTO			
SAN BENITO			
SAN BERNARDINO			
SAN DIEGO			
SAN FRANCISCO			
SAN JOAQUIN			
SAN LUIS OBISPO			
SAN MATEO			
SANTA BARBARA			
SANTA CLARA			
SANTA CRUZ			
SHASTA			
SIERRA			
SISKIYOU			
SOLANO			
SONOMA			
STANISLAUS			
SUTTER			
TEHAMA			
TRINITY			
TULARE			
TUOLUMNE			
VENTURA			
YOLO			
YUBA			

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Appendix II, Addendum 2, Attachment 2.5 - Number and Percent of Contracts for Catastrophic Plan

Catastrophic			
County	Number of 340B Providers	Number of Contracts	% of 340B Providers
ALAMEDA			
ALPINE			
AMADOR			
BUTTE			
CALAVERAS			
COLUSA			
CONTRA COSTA			
DEL NORTE			
EL DORADO			
FRESNO			
GLENN			
HUMBOLDT			
IMPERIAL			
INYO			
KERN			
KINGS			
LAKE			
LASSEN			
LOS ANGELES			
MADERA			
MARIN			
MARIPOSA			
MENDOCINO			
MERCED			
MODOC			
MONO			
MONTEREY			
NAPA			
NEVADA			
ORANGE			
PLACER			
PLUMAS			
RIVERSIDE			
SACRAMENTO			
SAN BENITO			
SAN BERNARDINO			
SAN DIEGO			
SAN FRANCISCO			
SAN JOAQUIN			
SAN LUIS OBISPO			
SAN MATEO			
SANTA BARBARA			
SANTA CLARA			
SANTA CRUZ			
SHASTA			
SIERRA			
SISKIYOU			
SOLANO			
SONOMA			
STANISLAUS			
SUTTER			
TEHAMA			
TRINITY			
TULARE			
TUOLUMNE			
VENTURA			
YOLO			
YUBA			

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Appendix II, Addendum 2, Attachment 2.6 - Number and Percent of Contracts for HSA Plan

HSA			
County	Number of 340B Providers	Number of Contracts	% of 340B Providers
ALAMEDA			
ALPINE			
AMADOR			
BUTTE			
CALAVERAS			
COLUSA			
CONTRA COSTA			
DEL NORTE			
EL DORADO			
FRESNO			
GLENN			
HUMBOLDT			
IMPERIAL			
INYO			
KERN			
KINGS			
LAKE			
LASSEN			
LOS ANGELES			
MADERA			
MARIN			
MARIPOSA			
MENDOCINO			
MERCED			
MODOC			
MONO			
MONTEREY			
NAPA			
NEVADA			
ORANGE			
PLACER			
PLUMAS			
RIVERSIDE			
SACRAMENTO			
SAN BENITO			
SAN BERNARDINO			
SAN DIEGO			
SAN FRANCISCO			
SAN JOAQUIN			
SAN LUIS OBISPO			
SAN MATEO			
SANTA BARBARA			
SANTA CLARA			
SANTA CRUZ			
SHASTA			
SIERRA			
SISKIYOU			
SOLANO			
SONOMA			
STANISLAUS			
SUTTER			
TEHAMA			
TRINITY			
TULARE			
TUOLUMNE			
VENTURA			
YOLO			
YUBA			

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Appendix II, Addendum 2, Attachment 2.7 - Number and Percent of Contracts for Alternate Plan

Alternate Plan			
County	Number of 340B Providers	Number of Contracts	% of 340B Providers
ALAMEDA			
ALPINE			
AMADOR			
BUTTE			
CALAVERAS			
COLUSA			
CONTRA COSTA			
DEL NORTE			
EL DORADO			
FRESNO			
GLENN			
HUMBOLDT			
IMPERIAL			
INYO			
KERN			
KINGS			
LAKE			
LASSEN			
LOS ANGELES			
MADERA			
MARIN			
MARIPOSA			
MENDOCINO			
MERCED			
MODOC			
MONO			
MONTEREY			
NAPA			
NEVADA			
ORANGE			
PLACER			
PLUMAS			
RIVERSIDE			
SACRAMENTO			
SAN BENITO			
SAN BERNARDINO			
SAN DIEGO			
SAN FRANCISCO			
SAN JOAQUIN			
SAN LUIS OBISPO			
SAN MATEO			
SANTA BARBARA			
SANTA CLARA			
SANTA CRUZ			
SHASTA			
SIERRA			
SISKIYOU			
SOLANO			
SONOMA			
STANISLAUS			
SUTTER			
TEHAMA			
TRINITY			
TULARE			
TUOLUMNE			
VENTURA			
YOLO			
YUBA			